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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No.	98731-000001/US
	First Inventor	Gregory HACKMAN; Jennifer BRAUN; Donald J. DALE; David Blair MORRIS
	Title	AUTOMATIC LN2 DISTRIBUTION SYSTEM FOR HIGH-PURITY GERMANIUM MULTI-DETECTOR FACILITIES
	Express Mail Label No.	N/A

17858 U.S. PTO
10/689951



APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (Total Pages <input type="text" value="14"/>) (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) (Total Sheets <input type="text" value="6"/>)	ACCOMPANYING APPLICATIONS PARTS
5. Oath or Declaration (Total Pages <input type="text" value="4"/>) a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: _____ / _____

Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		30593 30593 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 8910				
City	Reston	State	VA	Zip Code	20195
Country	United States of America	Telephone	703-668-8000	Fax	703-668-8200

Name (Print/Type)	Donald J. Daley	Registration No. (Attorney/Agent)	34,313
Signature		Date	October 22, 2003

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102203

16638 U.S. PTO

PTO/SB/17 (10-01)

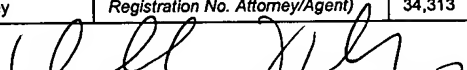
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FEE TRANSMITTAL for FY 2003		Complete if Known		
		Application Number	NEW APPLICATION	
Patent fees are subject to annual revision.		Filing Date	October 22, 2003	
		Inventor(s)	Gregory HACKMAN; Jennifer BRAUN; Donald J. DALE; David Blair MORRIS	
		Examiner Name	UNASSIGNED	
		Group / Art Unit	UNASSIGNED	
TOTAL AMOUNT OF PAYMENT	(\$)	810	Attorney Docket No.	98731-000001/US

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES	
Deposit Account Number	08-0750	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)
Deposit Account Name	Harness, Dickey & Pierce, P.L.C.	1051 130	2051 65
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		1052 50	2052 25
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		1053 1053	1053 130
2. <input checked="" type="checkbox"/> Payment Enclosed:		1812 2,520	1812 2,520
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1804 920*	1804 920*
FEE CALCULATION		1805 1,840*	1805 1,840*
1. BASIC FILING FEE		1251 110	2251 55
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	1252 420	2252 210
1001 770	2001 385	1253 950	2253 475
1002 340	2002 170	1254 1,480	2254 740
1003 530	2003 265	1255 2,010	2255 1,005
1004 770	2004 385	1401 330	2401 165
1005 160	2005 80	1402 330	2402 165
SUBTOTAL (1) (\$)		1403 290	2403 145
770		1451 1,510	1451 1,510
2. EXTRA CLAIM FEES		1452 110	2452 55
Total Claims	10	1453 1,330	2453 665
Independent Claims	2	1501 1,330	2501 665
Multiple Dependent	0	1502 480	2502 240
Extra Claims		1503 640	2503 320
Fee from below		1460 130	1460 130
Fee Paid		1807 50	1807 50
0		1806 180	1806 180
2. SUBTOTAL (2) (\$)		8021 40	8021 40
0		1809 770	2809 385
3. SUBTOTAL (3) (\$)		1810 770	2810 385
40		1801 770	2801 385
4. SUBTOTAL (4) (\$)		1802 900	1802 900
40		Other fee (specify) _____	
5. SUBTOTAL (5) (\$)		*Reduced by Basic Filing Fee Paid	
40		SUBTOTAL (3) (\$)	
40		40	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Donald J. Daley	Registration No. Attorney/Agent	34,313
Signature		Telephone	703-668-8000
		Date	October 22, 2003

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